

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	20205	1-15-00
O.I.P.E. CLASSIFIER		48	1/24/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			
	OW	64930	2-2

## INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
— (Through numeral)...	..... Canceled	A	..... Appeal
+	..... Restricted	O	..... Objected

Claim	Original	Date
Final	Original	
1	12/27/00	6/30/02
2	12/27/00	6/30/02
3	12/27/00	6/30/02
4	12/27/00	6/30/02
5	12/27/00	6/30/02
6	12/27/00	6/30/02
7	12/27/00	6/30/02
8	12/27/00	6/30/02
9	12/27/00	6/30/02
10	12/27/00	6/30/02
11	12/27/00	6/30/02
12	12/27/00	6/30/02
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44	12/27/00	6/30/02
45	12/27/00	6/30/02
46	12/27/00	6/30/02
47	12/27/00	6/30/02
48	12/27/00	6/30/02
49	12/27/00	6/30/02
50	12/27/00	6/30/02

Claim		Date
Final	Original	
51	V	✓
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57	✓	✓
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Claim		Date					
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**If more than 150 claims or 10 actions  
staple additional sheet here**

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